

**DEPARTMENT OF HUMAN SERVICES
REPRESENTATIVE'S QUARTERLY REPORT**

Protected person's name: _____

Representative (*please print*): _____

Reporting period: _____

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Representative (*signature*): _____

Dated: _____

Upon completion of this quarterly report, the representative requests a stipend in the amount of

\$ _____. (\$ _____ X _____ months = \$ _____)

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REPORTING PERIOD: _____

1. Protected person's name:						
2. Protected person's address:						
3. Has the protected person moved to a different residence this quarter?			No		Yes	If yes, on what date?
4. Has the level of supervision and type of residence changed?			No		Yes	If yes, on what date?
5. What level of supervision and type of residence does the protected person currently have?						
	Independent apartment living with staff on the premises.			24 hours		Day hours only
	Independent community living with day services only.					
	Group home or congregate living with 24 hour awake staff.					
6. Name of the agency providing services:						
7. Name of the service coordinator or case manager:						
8. That person's phone number: (605)				Email address:		
9. Has either the service provider or service coordinator (case manager) changed this quarter?			No		Yes	If yes, on what date?
10. Has the protected person visited a health care professional for any reason this quarter?			No		Yes	
If yes, on what date(s) and describe the reason?						
11. Has the protected person been hospitalized for any reason this quarter?			No		Yes	
If yes, on what date(s) and describe the reason?						
12. During this quarter the protected person's physical health has:						
	Remained the same					
	Improved, describe:					
	Deteriorated, describe:					

13. During this quarter the protected person's mental health has:		
	Remained the same	
	Improved, describe:	
	Deteriorated, describe:	
14. On what dates and where did you visit the protected person this quarter?		
15. What significant action(s) did you take this quarter on the protected person's behalf:		
	Attended annual meeting	What date?
	Attended special team meeting(s)	What date (s)?
	Signed authorization(s) for (please list):	
	Authorized major purchases for (please list):	
	Reviewed financial statements	
List any other significant action(s) not included above, describe:		
16. List any other significant information regarding the protected person this quarter:		

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Signature:_____

Date:_____

Print name:_____